

**Arkansas Department of Health
Cosmetology and Massage Therapy Section
4815 West Markham, Slot #8
Little Rock, AR 72205
Phone: (501) 683-1448
Fax: (501) 682-5640**

**Qualifications and Instruction for Licensure set forth in ACA §17-86-101 also
known as the Arkansas Massage Therapy Act;**

Requirements:

1. Complete a massage therapy program of at least 500 hours of in-classroom coursework from a Department approved massage therapy school or State approved education institution. Curriculum must meet the state required courses as set forth in Arkansas Code 17-86-306;
2. Applicant must be 18 years of age or older;
3. Identification - Valid **Photo ID** – (Driver’s License, State Issued ID Card, Passport, or US Military ID)
4. Social Security Card – A copy of your social security card;
5. Education- Copy of High School Diploma and/or Transcript, College Diploma and/or Transcript , or GED;
6. TB Test – A current TB Test (Less than a year old) Must be issued by a Qualified Medical Doctor (Excluding Chiropractors) on official letterhead, clinic form, or Health Card;
7. Massage School Diploma – A copy of your massage school diploma;
8. National Test Score - MBLEx or NCBTMB Exam Score Report;
9. Application – (attached below);
10. Payment - \$180.00;
11. Massage School Transcript – Must be received directly from the massage therapy school administrator, director, or other school official; (Note: If the applicant's transcript is not obtainable from the original school, the applicant shall submit a statement to explain why it may not be obtained or other documentation of credentials may be submitted and accepted for licensure at the discretion of the department);
12. Background Checks – Both Federal and State background check must be sent directly to the Section from the issuing agency that performed check.
 - Arkansas Criminal Background Check – information below
 - FBI Criminal Background Check- contact section for fingerprint card

**APPLICATION PACKET MUST CONTAIN NUMBERS 3-10 BEFORE
BEING SUBMITTED TO THE SECTION; INCOMPLETE PACKETS WILL
BE RETURNED TO APPLICANT.**

Arkansas State Police Headquarters: Background Checks

Arkansas State Police Headquarters
1 State Police Plaza Drive
Little Rock, AR 72209

Website: <https://www.ark.org/criminal/index.php>

Application Form: https://www.ark.org/criminal_static/ASP%20122%20%20ID%20Record%20Check%2007-01-08.doc
501-618-8500

Required Examinations Information:

National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

- NCBTMB offers two exams for securing your state license in massage;
- **The National Certification Examination for Therapeutic Massage (NCETM) and National Certification Examination for Therapeutic Massage & Bodywork (NCETMB) Exams;**
- Depending on your area of interest, expertise and the requirements, you may choose to take either the NCETM (National Certification Examination for Therapeutic Massage) or the NCETMB (National Certification Examination for Therapeutic Massage & Bodywork);
- Both exams--based on your state requirements--may be used to become a licensed massage therapist.

The National Certification Board for Therapeutic Massage & Bodywork (NCBTMB)

Toll Free (NCBTMB): 1-800-296-0664

Or send an email to: info@ncbtmb.org

Website: www.ncbtmb.org

Massage and Bodywork Licensing Examination (MBLEx)

- The MBLEx is administered by the Federation of State Massage Therapy Boards (FSMTB);
- Applicants must contact the FSMTB directly for MBLEx information or to schedule testing;
- MBLEx Handbook and Application form are available at www.fsmtb.org;

The Federation of State Massage Therapy Boards (FSMTB)

Toll Free (MBLEx Specific): 866-962-3926

Fax: 615-846-0153

Toll Free (FSMTB): 888-703-7682

Website: www.fsmtb.org email: info@fsmtb.org MBLEx specific email: mblex@fsmtb.org

Arkansas Massage Therapy Law Exam

- Once all application materials and associated background checks are received, reviewed and approved, the Massage Section will contact you via e-mail with instruction and link to take the online state law test.

Arkansas Department of Health Massage Therapy Section Application Fees

- Application Fee \$ 75.00
- License Fee \$ 80.00
- Law Exam Fee \$ 25.00
- Total Fee \$180.00

***If a re-take of the Arkansas Law Exam is necessary, an additional fee of \$25.00 per each re-take exam is required prior to re-testing.**

- Fees are payable to ADH – Massage Therapy.

Contact Information

Arkansas Department of Health – Massage Therapy Section

Mailing Address:

4815 West Markham, Slot #8

Little Rock, AR 72205

Phone: 501-683-1448

Physical Address:

4815 West Markham

Little Rock, AR 72205

website: www.healthy.arkansas.gov/cos

Application for Licensure

All applicants for licensure must complete this form and submit it with the appropriate documentation and \$180 application fee. Failure to complete all parts of the application or omission of required documents will delay the review and process of your application. Payment must be made payable to ADH-Massage Therapy.

Personal Information

Please Type or Print Legibly

Name (First, Middle, Last)			Social Security Number		
Date of Birth		Email Address			
Cell Phone		Home Phone		Work Phone or Alternate Phone	
Physical Address Suite/Apt					
City		State		Zip County	
Mailing Address (If different than Physical Address) Suite/Apt					
City		State		Zip County	
Disclosure of a social security number by an applicant is mandatory under Ark. Code Ann. §17-1-104(a) which states: "On and after July 1, 1997, all persons, agencies, boards, commissions, or other licensing entities issuing <u>any</u> occupational, professional, or business license pursuant to titles 2-6, 8, 9, 14, 15, 17, 20, 22, 23, and 27 of the Arkansas Code Annotated shall record the name, address, and social security number of each person <u>applying</u> for such a license."					

If you have resided in any State other than Arkansas, please list length of residency and address
(Attach additional sheets if necessary)

Previous Address Suite/Apt			How long at previous address		
City		State		Zip County	
Previous Address Suite/Apt			How long at previous address		
City		State		Zip County	

Massage Therapy Training

School Name			Number of In-Classroom Hours Completed		
Address Suite/Apt					
City		State		Zip County	
Director's Name		Phone	Enrollment Date		Graduation Date

Educational Background (attach additional sheets if necessary)

School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	

School Name	Start Date	End Date
Address Suite/Apt	Total Credits	GPA
City State Zip	County	
Program Name & Brief Description	Diploma, Certificate, Degree Awarded	

Personal Background - Please Check

- Are you a US Citizen? If no, list citizenship _____ ☐ Yes ☐ No
- Are you a permanent Arkansas resident? If no, list city & state _____ ☐ Yes ☐ No
- Have you ever been licensed or registered to practice massage therapy in another state? If yes, list dates and locations _____ ☐ Yes ☐ No
- Have you ever worked as a massage therapist without holding a license? If yes, list where and briefly explain circumstances _____ ☐ Yes ☐ No

Personal Background/Criminal History – Please Check (attach additional sheets if necessary)

- Have you ever been refused a license of certification to practice massage, or any other license or certification, or the renewal thereof, in any state or jurisdiction? ☐ Yes ☐ No
- Have you ever been suspended or expelled from Massage Therapy School? ☐ Yes ☐ No
- Have you ever had a license or certification of registration to practice massage therapy or any other licensed profession revoked, denied, restricted, suspended or otherwise acted against (including probation, fine, reprimand or surrender license) in a disciplinary proceeding in any state, federal, or foreign authority; or have you ever surrendered such credential to avoid or in connection with such action by such authority? ☐ Yes ☐ No
- Have you ever been convicted of or found guilty of or entered a plea or nolo contendere to any offense that would constitute a felony or constitute the offense of prostitution, either in this state or the United States? ☐ Yes ☐ No

If you answered yes to any of the above questions you must attach complete details as to jurisdiction (state & county), offense, disposition, license numbers, dates, and relevant circumstances.

Affidavit of Applicant with Acknowledgment

(Notarization required)

Applicant

I declare and affirm that the statements made in this application, and any accompanying documents, are true, complete, and correct. I understand that any false or misleading information in, or in connection with, my application may be cause for denial or loss of licensure and may result in criminal prosecution.

Signature of Applicant

Date

Notary

State of _____

County of _____

Signed and sworn to before me this _____ day of _____, 20_____

By _____, who personally appeared before me.

Notary Public Signature

(SEAL)

Notary commission expiration date